



„Ich bin anders als... Du bist anders als... Er ist anders als sie“
Das Problem der Empathie in der Pädagogik

Study as a therapy? Home teaching in Madrid

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Summary. This paper includes reflections from 12 years experience teaching young patients at their homes. Although initial teacher training and motivation is important to take on a job of this type, the development of the hospital and home teaching has been possible thanks to national and international teachers' meetings for preventing errors that voluntarism may not be able to avoid, being some of these errors certain paternalism toward students or the overlapping of functions between the teacher and therapist, making of cooperation our core professional performance.

Our educational practice should be determined by the sick student context. Development of empathy and working with emotions are essential, without ignoring the usual contents of study of the syllabus. Addressing these contents, as if it were a occupational therapy, helps to normalize the ill student's life and family atmosphere, at the same time that contributes to the sense of integration into the group and society. The potential therapeutic effect of knowledge requires a particular methodology, adapted to the situation of each student. These activities, which can be developed in these students' homes, in our opinion, must be extended to regular classes even if they are overcrowded, in our schools.

1. - The SAED

The **Domiciliary Care Education Service (SAED)** broke a decade ago due to the shortening of the hospitalization period of sick students, based on economic reasons (considerable **saving on expensive hospital beds**) but also to prevent infection, accidents, etc. within the hospital. Initially the cost savings served as a budget of this Service.

Moreover, it was difficult to extend compulsory education to 16 years, in the Hospital Classrooms (with primary school teachers) because of the increasing diversity of students and contents.

When a student is ill **longer than a month**, the family can ask the home teaching service for one (primary) or two (secondary) teachers. This ensures the right to education of these students in the compulsory education period.

The new type of work (more than simple tutorial) has made teachers to reflect on collectively how to do this successfully, taking into account the circumstances of our students and the context in which the teaching-learning process is developed. **National and international teachers' conferences try to deepen in hospital and home teaching system**, contributing with ideas and good practices that can be extrapolated to other type of students.

I work in one of the five SAED teams in the Community of Madrid. The **initial training** made me sensible ("I want to go to school like other children," said a girl with cancer in a video) and strengthened in me the idea that I wanted to work with these students. My team consists of 14 teachers, for a population of over one million people. We assist convalescent students with all kinds of diseases (except contagious). Although two-thirds of our students' illness could fit into **"physical" types (traumatology, oncology problems ...)**, all have, or end up having a high emotional and **psychological component**. Therefore, we have to pay great attention to the concerns and anxieties of these students and their families.

However, we are well aware that the home teacher should not assume the role of a psychologist, or take "therapeutic" initiatives without the supervision of the professionals who are treating the student. Of course, **we can give information to the psychiatrist or psychologist** of what is happening at home, because we are almost every day with the pupil.

We believe that through our work we contribute to the therapy ("treatment", etymologically speaking) of our students. By doing what? By doing we have to do: teach and learn things, trusting in **therapeutic effect that has the knowledge itself**, because of the **structuring power of the study in mind** (the first aspect of what we have called "study therapy"), by trying to offer attractive contents, **daily rewards** and give answers in each session. We avoid saying: "you'll understand this when you study chemistry next year," or "you'll study this at University ". This sometimes means that we have to deepen in some subjects (to the extent of the knowledge of the teacher). Also, some students ask for that and enjoy it. However, sometimes, we simplify to levels well below the normal.

In general, the motivation of school work can be internal (curiosity, vocation) or external (family pressure, improvement of future working conditions). Because of our proximity to the students and the information we receive about their environment, we can almost immediately **see the problems in the house, and know the interest of our pupils**. All this helps us to motivate the student to study. But we should bear in mind that our main motivation is our conviction that study can contribute to improve the health of the student. But some days we can not, or we don't know how to begin, and then it is simply accompany, talk to him or her about their things, or talk to the mother or father. Sometimes, the best thing is to leave the house because he or she has a headache, for example.

It is important to maintain a lot of contact with family, and showing empathy even to pets. A cat has spoiled my portfolio or a dog has competed with me, at first, for the affection of a student. It is good that the pets are also quiet.

Communication with parents is particularly important. We have to **separate roles** at the beginning: they must take care of their kids and love them, while we relieve the academic pressure from the parents, and we handle normal academic contents. This "contract" is usually done implicitly, but sometimes explicitly, if we see some interference in our functions. As anyone close to children or adolescents, **teachers become "mirrors"** where they can see how and who they are. Our thinking about them is very important for their self-image. This fact gives us a huge responsibility in our work at home.

Also, if parents look at their children as weak persons, the kids will feel so. We had a case of Munchausen syndrome by proxy: the mother, who had suffered a long and serious illness, saw a constant illness in their children in order to protect them unconsciously. The case was diagnosed by our coordinator when we told him the strange symptoms of the two brothers. The apparent involvement of the parents in the education of the children was hidden that problem, and finally they took a collective therapy to solve the family's pathology.

When we arrive, some parents just expect the children to be calm and have fun, to do something without the student getting discouraged. But when they see that the pupil recovers and begins to study and gains confidence, **they become more demanding** and assume the traditional role of pressuring their children, and their schools to reach higher performance and results. This attitude will create a lot of tension, and we should set the limits from the beginning, and if possible written (we register some initial commitments in writing. Our work has a bureaucratic component which is often unnecessary, but many times very useful).

As in Germany, in Spain the obligation to choose the academic itinerary early is going to be implemented. That increases the amount of study and **structural pressure on parents**, ending tension being transmitted to their children and to teacher, also to home teaching service. It is legitimate for parents not to renounce to the highest level for their children, but what is that level? We project our children our maximum capabilities... but this is not very empathic and not useful for them. And if we arrive to a situation of academic pressure (which usually happens at the end of the academic year) we have to stop, sit down with the parents, **see the physical and psychological progress of the student, and value if we are putting them in danger or not** with our academic requirements.

2. - Empathy, emotions and learning

And now we start with our methodology or I would rather say our "tricks", to make our students to study and **to enjoy learning**. A good practice is to start **incorporating empathy in the contents** we have to transmit. For example in History (empathy is essential to teach this subject), I explain the medieval epidemics or hygiene in the modern age, talking about the role of lice and fleas, by scratching my head at the same time. We can see the effect of this on students, and we all laugh, of course, when we notice that this atavism is so contagious (by the way it is very good scratching your head, stimulates blood circulation).

Studying history, we understand better if we see a movie with emotional elements that bring us closer to a period. Historical novels act as a motivation for the study and understanding as well. It is the same as the love of animals, and in the case of ill pupils, the desire to know more about their own disease, encourages further study of Biology, Veterinary, Medicine, etc.

Empathy can be promoted with a certain type of procedures and attitudes towards study, which requires us to understand our students, know their hobbies, trips made, etc... but sometimes it is enough with yawning with them (yawns synchronized schedules in most animal species, according to some recent research). **Any topic has curious or funny elements that awake students' curiosity** for certain contents. But students are the ones who give us the key of what they are interested in, what is significant in the way they see the world, and we should build the lessons from these elements.

One nice thing about our educational work is that **we combine subjects** for adapting contents to the state of mind of the pupil at a particular moment. So I can choose to teach language, literature, music, English, history, geography, or a combination of matters. It makes easy to reach interdisciplinary in the contents (e.g. a song in English, a web site about the country of a writer...). My partner does the same with her disciplines, mathematics, biology, chemistry, technology... she adapts contents and subjects to every situation, and she is better than me at tutorial tasks, **talking with the pupils about the most diverse concerns of the students. In Freinet pedagogy that technique is called "quoi de neuf"** and it allows speaking based on what has happened or what is going through the student's head, linking it to the most diverse contents, talking about their illness and even studying it...

In a normal class, we sometimes forget working empathy between teacher and students because the group is so large that it seems impossible to pay attention to everyone. By reducing the number of students, the emotional sensitiveness increases a lot, and of course, in the individual class it is almost indispensable for the teaching-learning process to work well. **Student's health status requires the teacher to be aware to his or her emotions** and to develop special motivational skills.

Our "secret" is **to be on the student's side**: it is true that I do not have to evaluate them, which is an advantage. Nevertheless, with my final report (a real evaluation) I can decisively influence on the marks that our colleagues give to the pupils. But the idea is to make them clear that I'm on his/her side, that we are both examined (when there is a test), and we both win if he/she wins. Maybe this is not the best example, but the results are notorious also at the university entrance exams, which serve as an evaluation for high schools. This reinforces the identity of interest (**the model of "win/win"** formulated by Steven Covey, who has died recently), something that would have to be investigated (I+D if possible) in schools programs, and better not with exams, generally a negative experience to everyone.

Besides empathy, a home teacher has to consider another element shared with doctors and nurses: keeping a **professional distance**. This will help the student immensely and will also protect the teacher emotionally. This is a difficult equilibrium to reach and probably an unsolvable problem. The teacher must assume a high degree of emotional involvement, and at the end, students work and study more than they initially thought when the teacher first crossed the door. "I thought," says one of the students surprised,

but not upset, by this fact, "I was going to get rid of school due to my illness, but I'm studying more than ever". Others, usually those whose illness take longer, declare that they only want to recover as soon as possible and return to school as the rest of their schoolmates. It is very important for everyone, including teachers, to manage the problem of emotional involvement properly.

Although we show care about our students, **they have to realize that our involvement is not so strong that our emotions could betray our professionalism.** Our relationship is professional, and it is not a friendship (a student reproaches to the teacher in the French film called: "*The Class*"). Anyway, we are an extension of the official school, and we have to accept it, but we have some chance to avoid some negative aspects. Not all of them, of course. Education is a right but also an obligation (a child's right creates obligations for adults, interprets Tonucci) and in fact we are there to ensure both, rights and obligations, avoiding the disadvantages of increasing school absenteeism. Today, many of our students feel schooling only as a heavy obligation... **Will we ever get to feel schooling like one of those necessary and joyful ties, like a friendship?**

The deterioration of the educational environment in many of our schools is a factor of the school absenteeism and the school phobia that affects many students. **The phenomenon of homeschooling is growing increasingly** as a -more or less- radical response to the problems of school. Some families choose this alternative for practical reasons, but a small group of parents even rejects compulsory education and opposes the official curriculum. It is not my intention to speak about the implications of such a big matter, but I would like to mention that our **home care service** is in an interesting position, **midway between the official school and homeschooling.** By designing the educational project that seeks to prevent school absenteeism, both traditional education system and families in favor of homeschooling should consult teachers of home schooling to learn about the experiences and problems we meet (the loneliness of the kids, the needs of adaptation of contents and levels, the lack of socialization ...). There is a broad consensus in the education community that the best way is the **Finnish model**, which offers an efficient **partnership between parents and schools.** It is essential to decide what kind of school we want, in order to avoid dissatisfaction and rejection of parents in favor of homeschooling. Schools must belong to teachers, parents, students and other staff members (and all the society, because "we need all the tribe for educating an only person"), working together to achieve a more holistic and human concept of education.

The main problem attributed to homeschooling is the partial or occasional contact among students. This contact has a key role for us and for the ill students. When it is insufficient, we try to avoid their isolation in several ways, promoting communication with their classmates through the tutor, by encouraging the classmates' visits, carrying messages from their teachers, contacting other students who also have the same situation, and studying educational possibilities of social networks in the Internet.

However, **at the moment, the educational effectiveness of the so-called social networks remains poor.** The SAED team tried to have an educative network but it was not a very successful experience among us, and the students did not seem very willing to giving up networks, either in order to turn them into an academic occupation. Naturally, contact can be maintained and we can transmit information by phone and

email. But in other aspects, such as loneliness of the students, our net was not very useful. The widespread use of computer at home allows a quick and personalized course in educational matters. Video and voice recordings, which can be done easily today, are a good tool for self-evaluation and normal evaluation (showing these recordings to the music teacher, for instance). Today it is relatively easy to use communication technologies and videoconferences, and we try to use as much as possible. But the social network we created was too academic, in their opinion, or we didn't know how to sell it. Our attempts not always work. Maybe they do not want to use academic language or to meet other ill students... Sometimes it is difficult to prevent isolation, especially when they have an attitude against external contact.

In the near future, perhaps technology will overcome all the barriers that students are facing now, and our training is going in that direction. But our current experience tells us that, at the moment, **the presence of a teacher at home can greatly help** the students in their academic matters, and also emotionally, and can even contribute to their health and to help in family problems. **These services cannot be replaced, at the moment, by new technologies.**

Now, we have to consider the reasons why study, in general, and teaching at home in particular, have a therapeutic effect.

3 - Study as a therapy?

I'll only try to contribute with some reflections to the basis of home teaching, born from my 12 years' experience working with sick children. The theoretical basis, published in recent years in conferences and journals, have the same origin: the diverse experiences of professionals in this area, and the conclusions are provisional and based in empiric methods.

It is believed that occupational therapy is a practice that expects a theory. There is, however, a great tradition of investigation and a scientific experience about occupational therapy, particularly in relation to mental illnesses, which can be used in our work, especially if consider the study as a job. At this point we can mention Celestin Freinet, who felt that one of the keys of modern school is to consider study as a work. And certainly, the study is a fundamental part of any work. For us, human beings, study and work (defined as conscious and rational activity) are difficult to separate.

In the 30s, in full recession, sociologists found that work provides the worker not only the money to survive, but emotional stability, time distribution, relationships, feeling of social utility, sense of belonging to a community involved in a meaningful activity, etc.

Doctors of Greek and Roman ages, as Hippocrates and Galen, also recognized the therapeutic possibilities of employment: "work is, by nature, the best doctor, and is essential to human happiness," said Galen. Since then, several authors have increasingly recognized the role of work, especially for the treatment of mental illnesses: Philippe Pinel, in his essay of 1741, after visiting hospitals in Zaragoza, Benjamin Rush (Pennsylvania), Johana Friedrich Reil (Germany), Samuel Tuke (England), Marco Levi Bianchini (Italy, 1904) and Hermann Simon (Germany, 1923) who developed a

complete theory of occupational therapy through the encouragement and development of patient's responsibility, towards himself and others.

Since then there is a coincidence in justify occupational therapy as a dialectical process of teaching and learning. In latest studies such therapy is based on the idea of neural plasticity, i.e. the ability of healthy areas of the brain take over for those areas that have been damaged, and by extension, brain's ability to change and learn new things. This can be the foundation of all educational effort.

Everything that has been said about occupational therapy could be said about study therapy to identify both as phases of the same method. When a student is studying, he is also starting the process of work, always collective, which characterizes the human being. Theorist of ergotherapy even affirmed that work is a form of education for patients. Same as work, study offers you a place and a role in your social group and it integrates you into a community. It's where appetites and aggression are sublimated, and is a real training for the effort and resilience of the student.

It seems to be a contradiction to conceive study as a therapy, because it is difficult to study when one is sick and just wants to rest. Unfortunately, study, as it is normally designed for young people, has no a therapeutic purpose, but, indeed, the opposite: the rapid integration into society often forcing the nature of teenagers. No one denies that the excess in study can be harmful. The Spanish humanist Luis Vives said that the priority for a studious person is to take care of himself and his family, and then to study. Without denying the need for instruction in today's society, school requirements are often a source of tension and frustration especially for some students who cannot maintain, temporarily or permanently, the required levels. But if we look at the needs and interests of each scholar, study, when suitably adapted, can be liberating.

Specially in the case of sick children, study strengthens their "healthy side", which will heal their "ill side", according to the occupational therapy theorists in the 20s. Paying more attention to the healthy part of the patient involves giving great importance to education that helps therapeutic change. Their proposals were based on the educational developments of *Reformpädagogik* (similar to Progressive School in England, Education nouvelle in France, Escuela Moderna in Spain, edukacja progresywistyczna in Poland, etc.), and specially in the ideas of German educator Georg Kerschensteiner (1854-1932) and his *arbeitsschule*.

In adults, work generates responsibilities similar to those generated by regulated study in case of children and adolescents and has a similar advantage to increase capability in social integration, among other benefits.

In our experience, the ill students quickly understand the importance of study for their future and present life. Almost everyone, after finishing the period of convalescence, seems to have reached a higher degree of maturity and knows himself better perhaps because they have gone through a great deal of suffering. *C'est la vie*: we learn from pain. Illness send us a message talking about ourselves, and we can live illness as an opportunity to learn, said the authors of the great book *Krankheit als Weg* (*Healing power of illness*). One of the contradictions of life is the ambiguity between satisfaction and suffering. Work and study, produce both successively. But for our pupils, we would

like not to delay satisfaction too much in time. The pleasure should not always be a long-term one, as often happens in traditional education.

So, the *moment* we do things is important. Through study, young people became classmates (and friends) with those who share the same contents; they are well integrated in a group which, **at the same time**, all its members are occupying their minds in the same activities. An example of the importance of simultaneity is the triumph of television and the relative failure of the video. The key is that not only I am watching or studying certain contents, but I share them, at the same moment, with many others, laughing or crying with others, which will mitigate my solitude, an important concern in childhood and adolescence. In this way you can explain the **success of social networks** among young people, while adults of a certain age who are less "digitized" still rely on the advantages of a simple email. We can also explain the success of *YouTube*, where we also see the number of people who have been followers of a particular video, or "viral" contents circulating on the network. Urie Bronfenbrenner, the russian-american psychologist insists that you can never study a person as an isolated individual, but you have to keep in mind the different contexts with which this person interacts.

Self-esteem arises when students know that they are doing normal things, the same as their friends and at the same time. Teachers are very pleased when they notice that students acquire self control about themselves and their studies.

Meanwhile, **by using new technologies, we have access to rich information** from the student's home. These contents -handled with adequate criteria- may be more attractive than what usually happens in classrooms, in particular because of the more frequent use of images. It is not just a "visual candy". Nowadays, there is no doubt that access to images can enrich the transmission of contents due to the fact that they represent a more primitive form of communication than the verbal form. **Images offer a language full of emotional contents**. Using them for educational purposes, images accelerate complicity between the teacher and the student, to the extent that they exchange and share certain emotions. They are, therefore, a first class motivation. Image **also contributes to develop community identities**, icons that serve as a basis of any group e.g.: a football club, country, urban tribe, etc., fundamental topics that define adolescents' identities.

With these new tools, taking classes at home today offers a palliative for the absence of direct contact with other students, through videos, online materials, communication with others, etc... And by coordinating our work with their school teachers, we aim to achieve that the students could almost "sit" in their usual classroom. They can even have more resources compared to their classmates.

We emphasize the role of images and their emotional aspects because we are aware of the **emotional deterioration of ill students**, who have to face it with a **feeling of loneliness**. **The situation is worse in the second and third year of illness**; they begin to lose ties with their classmates. At the same time, they also loose their place in the social networks used by the kids and complementary with what is happening in the classroom. In the third year, they will be usually more isolated than ever, contacts is reduced to the family only, even when we try to make them interact with their high school classmates. Some of the kids even have their best friends in hospital, or they

believe that their best friends are some nurses, assistants, etc., and we try to hide our sadness when they tell us these facts.

The teacher can help the students to see their situation as something normal, because study is the **usual activity at their age**, but making the contents interesting for them, and diverting the student's attention of his own health situation.

For us they are not "patients", although they have to rest. They have to change habits and even plans for the future (for example, when a student had dreamed of becoming a professional athlete and he has had some serious injury). **The teacher speaks as little as possible (one of the Freinet pedagogical invariants)**. The calmness and apparent passivity of the teacher allows students to gain importance and lets us observe and be attentive to their character.

We try to transmit that **learning is not something to pass an examination**, but something that must be incorporated in their lives as a personal commitment. This idea includes **the sense of order, hygiene, self-image, etc...** Sometimes our work begins with helping them to order their room or their papers. At home, students get used to the idea (and practice) of a certain methodological freedom: they are the masters of their academic destiny and responsible for their future. This involves self-discipline and self-control, something difficult to achieve in today's young people, despite many boring speeches they receive.

We have to guide them to manage their own time. The ultimate goal of teachers' work is helping students to achieve a greater autonomy. At home, students always notice that **everything depends on them** (because our class time is relatively short, only 10 hours per week). They are their own teacher and evaluator, much more than in a regular class at school.

Many pupils come up with the story that they do not like anything. This is the continuation of the usual passivity that unfortunately characterizes the attitude of students in many of our schools. But after some days, they draw, read in English, sing with us, and tell us what music they like and show us, and make the normal academic activities.

We find similar experiences in hospital classrooms. Finally, they feel going to school as a privilege, first in the hospital, and also outside. "They have so many reasons to feel to be lost..." says a teacher in the classroom of Psychiatry Section, in Gregorio Marañón Hospital (Madrid), "and we cannot help feeling empathy for them, when we realize how hard their life is". **In the hospital both students and their families begin a painful process of confrontation to a new way of life.**

So, the teacher's aims must be defined in each separate case. We work with heterogeneous levels, circumstances and diseases. But in general **there is no need to abandon the standard contents**. They want to write or draw, especially psychiatric patients, which helps us and therapist team to discover many things about them and their world. In one way or another, we work within the same curriculum. We have not to be therapists (although in 1903 Georg Ilberg thought teachers had to know psychiatry to be able to advise pupils for avoiding failures in life), but may be therapists have to be pedagogues.

When they arrive home, family recover a certain grade of normality, but **remaining in a stressed situation** because of treatments, hospital visits... and is disoriented about how to act towards the sick child. Parents have to avoid two extremes:

- 1- An **excess of paternalism** and overprotection, characterized by not allowing them to make any decision or face difficult situations or responsibilities, which can generate a non healthy sense of "victimism" in the student, and on the other hand
- 2- A desire of **excessive control and exigency**, depersonalized and alienating. Parents are never satisfied with their sons and daughter, and in the situation of illness, they sometimes assume excessively disciplinary roles related to study. The teenagers internalize their fear of failure, rebel against their parents and block communication with adults.

The home teacher represents the school and the usual academic normality in society and parents can play their more important role: unconditional love and care. A lack of understanding between the family and the school can cause school failure and emotional frustration in the student.

In short, the teacher's role should be to maintain a **non permissive attitude, but without rejection** (this attitude has been called "constructive pressure"), following the progress of the ill student, maintaining **hope, tranquility and optimism, positive reinforcements** to progress, **not giving excessive importance to blocks, using distractions when necessary**, always ready to the conversation... common to any therapy. Trying the patient to adapt to the outside demands, but doing initially the world to adapting to the student.

However, they have to feel our affection, and sometimes, she or he doesn't decide to start studying if the teacher's affection is not guaranteed. In this sense female teachers are more effective than male ones. **Women have usually higher emotional intelligence, but mixed teams have also shown great effectiveness and continuity.**

The teachers at home work on the entire context, not only on the student, but on the family and his environment at home too, something we can do better than at school. Working at home is neither totally similar nor totally different than working at schools. We should adapt contents and environment, to do them as "healthily" as possible.

We need to give the home a new meaning. Not just as a place to watch TV. The family must try to ensure a suitable for study environment, or at least compatible with it. But this doesn't mean that we cannot use the TV as a working system: practicing languages, active listening of documentaries... we can change the concept of television and give it educational contents watching it with critical eyes. Students can summarize their favorite series, copy new vocabulary from a documentary, or the main ideas of a TV program in English. This way, they get used to comment on the contents of television, and develop their communication skills.

The teacher's methodological freedom -essential for the motivation of the student- has important limits: **contents and activities should not be too different from what their**

classmates are doing. The sense of **simultaneity** with other students is essential to create the normality we would like to achieve when teaching at home.

As for the subjects we teach, we must highlight the **importance of music**. Listening to music is not just a distraction, but essential for the identity of students in their emotional education. I do not pretend either to discover the great results of music therapy nor being music therapists, but knowing the possibilities of music as a way of expression, and the basic principles of music therapy, can help the pupils to know themselves and makes them aware of the effects each type of performed music have on them, so that they choose which makes them feel better.

By **drawing**, students can express what they see and what they feel: it is a privileged vehicle in two directions, in and out. For many students it is highly liberating when they are allowed to do whatever they want with papers and colors. But it is also good to give them technical drawings, which allow them to connect to reality, especially for students of unstructured environments.

It would be good comment on each subject. One of the favorites is usually natural science, especially related to medicine, anatomy... as **they are interested in understanding their own illnesses**. Anyway, we have developed a **wiki** with contents and activities that can be useful in home education. More details in <http://saedsur.wikispaces.com/>.

It is important to spend some time playing, and better with friends, members of the family or pets. Paralympics athletes know how important and therapeutic is sport is for them. During the class, we can play with some **educational computer games** (e.g. *Tetris* to learn the countries of Europe). In their leisure time, they usually (specially boys) play computer games, which seems the only alternative for them. However, we recommend that they control the time spent with computer to avoid boredom, fatigue, frustration or disconnection with reality. When we realize the terrible games some students play we try to recommend other games. Anticipating our times, Freinet proposed that education was more work than play, because it is directly productive, and avoids the dangers of mere entertainment. **Many computer games generally produce - if not are directly harmful for the student's personality- high levels of anxiety**. We could say that the ideal games are useful ones, and then we could teach them playing. Moreover, education today remains for most students a synonymous of boredom, and we are far from being able to compete with the excitement offered by these games. We can say something similar about educative cinema and documentary.

Our key aim is to prepare pupils for **reintegration to school** from the first day. Normally, this thinking is stimulating the student, but we find cases of "institutionalization": some of them prefer staying at home even when they could already go back to school after recovering. Our service is a circumstantial, not a permanent support. When they recover, we work hard, and they notice it and prefer returning to school to get out of our sight.

Finally, we send a written and oral report to their teachers.

When we get conclusions about how to work in the home teaching system, we can only rely on our results rather than on theories. In an exercise of empiricism, we have to

apply changes or insist on a particular method by observing the evolution in each case. **We cannot be dogmatic, because any conclusion has to be flexible** and to be questioned in daily practice. When there is any doubt about whether to invest much effort or not, for example, the first and only criteria and priority is health, without plans, obligations, etc... and we have to change plans almost every week.

So it is important that the group of teachers of SAED keeps in touch online and through meetings every two weeks. We also meet regularly with the students' own teachers. It would be interesting contacting more frequently with social workers, and with the medical team, especially in case of mental diseases... but these services are usually very busy, which is a problem to be solved in the future.

4. - Extension of our method to a class of 30 students

The conditions of a home and a school are so different that it seems impossible to implement our experience to a normal class, and more with the number of students/classroom increased by 10% this year at high schools. At least, **our experience can serve to remember that each student is different, and needs special attention.** In my classes in the university I try to use these experiences, but sometimes I have 60 students in a class. Anyway, this is a different situation, and students are adults, but we have to look for more emotional intelligence in our university teaching practice.

The bad perspectives for young people, the environment of a collective low self-esteem and almost a widespread neurosis predominant in European society, forces us to try to work for a better future, **to humanize teaching practice**, to bring more smile into the classrooms. We could learn slower, introduce more interdisciplinary contents, and leave more time and places for students to express themselves freely. The present educational system is not able to wake the interest of anyone, students, parents and teachers, and it will develop the personal and social failure.

In this sense, **Freinet's techniques ('*quoi de neuf*', free text, live calculation, etc...)** can help the student not to feel passive in the learning process, because their essential principle is a **cooperative learning**. At home it is easy almost natural to apply these techniques. But to implement these in schools requires a change of mind, massive teaching training, a more democratic organization.

We need guidelines to extend new models: we should give priority to the human aspects, treating us **as if we were all terminal patients**; yes, indeed, we actually are in this situation (we just don't know when the moment will come). We ought to convert intellectual work in a pleasure, or perhaps a challenge rather than an obligation. If this idea can be applied to researchers and humanists, why not to our students?

Obligations and accepting the rules of our studies must be like those of friendship: they can't be imposed. **Old strict rules are used to protect authority and justify punishment.** The current society we suffer today is the result of these old principles we have had to support in the past. Let us give the opportunity to develop another school system. Some people think that a more permissive school may lead to an absence of norms, permissiveness and anomie among today's youth. This is an old complaint, and we have examples of it from the times of Sumer, Plato, etc., when it was applied the

traditional system. **If we want things in our society to change, we have to change things in our schools.**

The economic situation is now too bad to improve home teaching. We moved to a school and society model that will exclude non competitive persons. The demand for short-term results will generate the excellence in some people and the exclusion of others. This is the future we are afraid. A metaphor of drivers education can help us understand what kind of school we want: the important thing is a correct driving education **for all citizens** to circulate well. It would not be effective if we have a Fernando Alonso and a Michael Schumacher but the rest drives badly.

Therefore, **we must strengthen the capacity of inclusion that has the school system.** It's time to prioritize the human aspects of our work: the important thing is people, our students, our colleagues. We have to check all items of educational centers that press, sometimes unnecessarily, people.

Large classes (and even the normal architecture of the classroom) seem designed to have two sides, the students and the teacher, those who command and those who obey. The message is mostly unidirectional. We must rectify this, **because we are all on the same side.** This has important policy implications, because it is not easy to achieve to be all on the same side. A good school system is the result of a just society. And vice versa.

In our work in the houses of our pupils, the expression of emotions in first person, **recognizing the values of the others, being concerned for their problems, is essential to advance in the academic contents.** Circumstances force us to change our minds and the way we imagine the reality of our students. I think many teachers should go to a children's hospital or visit their sick students to review their way of thinking and behaviors.

Hopefully the current budget cuts do not end up eliminating this important teaching service, which is useful especially for low-income families.

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